

California Health and Welfare Agency  
HAZARDOUS WASTE MANAGEMENT BRANCH  
1400 Capitol Mall  
Sacramento, CA 95814  
P.O. #274  
SHIPPER #297381

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83494162

GENERATOR NAME AND MAILING ADDRESS

PARAPLATE  
242 E. OLYMPIC BLVD.  
LOS ANGELES, CA.

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.  
12501 E. WHITTIER BLVD.  
WHITTIER, CA. 90602

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA1X101010131514813

VEH/CONTAINER NO

EPA ID NUMBER

0101014215017 CA1D042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSO) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/698-0991099

CA1D042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO TYPE

WASTE DISP  
CAT NO METH

HAZARDOUS WASTE, LIQUID N.O.S

NA1911819

160

G

02DM

21101

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

PERCHLOROETHYLENE

70 60

PHOTO POLYMER RESIN

30 20

N-BUTYL ALCOHOL

14 12

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

MO DAY YR

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO DAY YR

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO DAY YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO DAY YR

Printed or typed full name and signature

CA1D042245001

GENERATOR SENDS THIS COPY TO DOHS WITHIN 15 DAYS

04/26/2000 "ORIGINAL MANIFEST COPY"